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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

State File No. 77

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. 97
 Township Globe or Village Gila County Hospital No. 101 St. 101 Ward 101
 City Globe (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. if of foreign birth? 10 yrs. 10 mos. 10 ds.
 2. FULL NAME Edward Venable How long in State when death occurred? 10 yrs. 10 mos. 10 ds.
 (a) Residence: No record (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Unknown
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
 6. DATE OF BIRTH (month, day, and year) Nov. 18, 1903
 7. AGE Years 36 Months 0 Days 3 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (city or town) Canichie (State or Country) Texas
 13. NAME Charlie Venable
 14. BIRTHPLACE (city or town) No record (State or Country)
 15. MAIDEN NAME Dora Kemecrew
 16. BIRTHPLACE (city or town) No record (State or Country)
 17. INFORMANT (Address)
 18. BURIAL Globe Cemetery Dec. 4, 1939
 19. EMBALMER { License No. 18-A Signature J. D. Jones
 FUNERAL DIRECTOR { License 10-A Signature J. D. Jones
 Address Globe Arizona
 20. Filed Dec. 4, 1939 Registrar J. D. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1939 to Nov 21, 1939
 I last saw him alive on Nov 21, 1939; death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Skull Fracture
Comp. Fracture RT Femur
 Other contributory causes of importance:
Shock
 Name of operation Skull Fracture Date of Nov 21, 1939
 What test confirmed diagnosis? No Was there an autopsy? No
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Nov 21, 1939
 Where did injury occur? Gila County (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place Automobile accident
 Manner of injury 10 miles west of Globe
 Nature of injury skull fracture, femur fracture
 24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Truck Driver
 (Signed) N. D. Wheeler M. D.
 (Address)